

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BU	71534	02/19/99
O.I.P.E. CLASSIFIER		59	222
FORMALITY REVIEW	CM	71632	2/25/99

71632

4/14/99

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/22/98
2	✓	✓	8/22/98
3	✓	✓	8/22/98
4	✓	✓	8/22/98
5	✓	✓	8/22/98
6	✓	✓	8/22/98
7	✓	✓	8/22/98
8	✓	✓	8/22/98
9	✓	✓	8/22/98
10	✓	✓	8/22/98
11	✓	✓	8/22/98
12	✓	✓	8/22/98
13	✓	✓	8/22/98
14	✓	✓	8/22/98
15	✓	✓	8/22/98
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If more than 150 claims or 10 actions  
 staple additional sheet here

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